SHARMA & ASSOCIATES, INC.

3363 W. Commercial Blvd., Suite 105, Ft. Lauderdale, FL 33309 Office (954) 284-3080 Fax (954) 284-3081

General Accounting ~ Tax Preparation ~ Condo/HOA Accounting ~ Financial Management

*****Please note we have moved effective 7/13/20 – new mailing address included below*****

ESTOPPEL CERTIFICATE REQUEST INSTRUCTIONS

All requests for estoppel certificates must be made to:

Sharma & Associates, Inc.
3363 W. Commercial Blvd,
Suite 105
Ft. Lauderdale, FL. 33309
TEL: 954-284-3080 / FAX: 954-284-3081

All estoppel requests must contain the following information:

1. Association Name & Unit Number
2. Requesting Company Name, Contact person, telephone number & Fax number

All estoppel requests must include payment as follows [as per change Florida Statutes effective July 1, 2017]:

1. The standard estoppel fee shall be the amount of $250 for return service within 10 days. [***if payment by credit card please add $10 for cc processing fee]***
2. If the estoppel is requested to be delivered in a rush (i.e. within 3 business days after the request and payment are received), an additional fee of $100 will be applied.
3. If the unit in question is in collections, the estoppel fee due to Sharma & Associates is reduced to $150.00, as the requesting party will need to submit a separate request to get the payoff amount directly from the Association's attorney/collections agent, which will incur an additional fee payable directly to them.

Please note the following:

1. PAYMENT BY CHECK: mail request and payment to: Sharma & Associates, Inc.,
   3363 W. Commercial Blvd, Suite 105, Ft. Lauderdale, FL 33309.

2. **PAYMENT WITH CREDIT CARD: Visa, Mastercard or Discover are accepted – add $10.00** for credit card processing fee and return completed credit card authorization form.
   a. Credit card requests may be faxed to 954-284-3081.

Your request is considered received and will be completed only after the payment is collected.

3363 W. Commercial Blvd
Suite 105
Ft. Lauderdale, FL 33309

Sharma & Associates, Inc.

Fax

To:		From:	
FAX:	954-284-3081	Fax:	
Phone:	954-284-3081	Phone:	
Re:	Authorization to charge credit/debit card	CC:	Estoppel letter or COA/HOA Questionnaire

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐Recycle

This represents authorization to charge my credit/debit card account (number verbally provided) the amount of $_____.00 + $10.00 (service fee) for the purpose of providing an estoppel letter or completion of a COA/HOA questionnaire for the property located at:

Champlain Tower South
8777 Collins Ave
Surfside, FL. 33154

Unit #_____

For confirmation purposes only:

Credit Card #: _____.

Please Circle One: MC VISA DISCOVER

Security digits on card are: _____.

Expiration date: _____.

Name as it appears on credit card and billing mailing address (please print):

_____

_____

_____

Cardholder/Authorized Representative Signature _____

Date _____

Estoppel Letter/COA/HOA Questionnaire Services Will Not Be Provided Until This Authorization Is Received By Our Office. We Cannot Process Credit Card Payments Without The Correct Mailing Address. All Information Must Be Legible. Credit Card Fees Are Non-Refundable.